

**COUNTY OF SAN DIEGO – DEPARTMENT OF PURCHASING AND CONTRACTING  
CONTRACT 44820 AMENDMENT 31**

To Phoenix House of San Diego, Inc. Pursuant to the contract changes clause, you are directed to make the changes described herein to the Contract or do the following described work not included in the previous agreed on Statement of Work.

**Residential Adolescent Services**

Effective Date: **03/01/2016**

**Description of Contract Change(s) and/or Work to Be Done:**

Revise contract as per summary of changes listed below.

**AGREEMENT SIGNATURE PAGE**

- 1) Replace Agreement Signature Page marked Amendment 30 with attached Agreement Signature Page marked Amendment 31.
- 2) Reduce annual contract term amount to \$896,235.93 for fiscal year 2015-2016 and \$517,549.14 for each of fiscal years 2016-2017 and 2017-2018.
- 3) Total contract amount has been adjusted to correct previous mathematical error where maximum reimbursement rates should be calculated as follows effective October 1, 2015:
  - a) Residential Bed Days – two (2) County of San Diego beds at \$280.40 per day for 365 days per fiscal year.
  - b) Specialty Mental Health Outpatient Services – \$1,000 per week for approximately 52 weeks per fiscal year for each of the six (6) treatment slots.
- 4) The revised total annual and cumulative contract amounts are noted below:

	Contract Term	Current Contract Amount	Amendment Amount	New Total if Amended
Initial Contract Term to Option Year 11	07/01/00 - 06/30/12	\$ 15,439,378.00		\$ 15,439,378.00
Option Year Twelve	07/01/12 - 06/30/13	\$ 2,010,725.99	\$ -	\$ 2,010,725.99
Option Year Thirteen	07/01/12 - 06/30/13	\$ 2,330,040.39	\$ -	\$ 2,330,040.39
Option Year Fourteen	07/01/14 - 06/30/15	\$ 2,330,040.39		\$ 2,330,040.39
Option Year Fifteen	07/01/15 - 06/30/16	\$ 1,267,657.15	\$ (371,421.22)	\$ 896,235.93
Option Year Sixteen	07/01/16 - 06/30/17	\$ 576,985.71	\$ (59,436.57)	\$ 517,549.14
Option Year Seventeen	07/01/17 - 06/30/18	\$ 576,985.71	\$ (59,436.57)	\$ 517,549.14
Total Cumulative Contract Amount		\$ 24,531,813.34	\$ (490,294.36)	\$ 24,041,518.98

**EXHIBIT A- STATEMENT OF WORK**

- 5) Replace Exhibit A- Statement of Work marked Amendment 30 with attached Exhibit A – Statement of Work marked Amendment 31.
- 6) Update reference link to Alcohol and Drug Provider Operations Manual on Scope of Work Paragraph 1.
- 7) Modify Paragraph 3.4 Process Objectives:
  - a) Reduce adolescent residential occupied bed days from 5,723 (minimum) to 2,190 (maximum).
  - b) Reduce program capacity from 16 to 6 beds on a daily basis.
  - c) Remove any reference to Prevention and Early Intervention.
- 8) Revise Paragraph 3.5 Program Capacity Guidelines from 16 to 6 clients on a daily basis.
- 9) Add Paragraph 4.1.3 Service Authorization Request
- 10) Change Paragraph 5.17 Mental Health Consultation where plan for provision of services must be approved by COSD COR within 30 days upon Agreement Amendment effective March 1, 2016.

**EXHIBIT A2 – STATEMENT OF WORK**

- 11) Replace Exhibit A2- Statement of Work marked Amendment 30 with attached Exhibit A2 – Statement of Work marked Amendment 31.
- 12) Modify Paragraph 3 Goals and Objectives.
  - a) Renumber 3.1 to 3.2 which read: "Contractor shall achieve the outpatient outcome and process objectives as defined in the OPOH."
  - b) Remove Paragraph 3.8.3 on unduplicated clients.
  - c) Modify Paragraph 3.8.6 to read: "Contractor shall ensure availability of 6 treatment slots per day for provision of outpatient specialty mental health services."
  - d) Renumber subsequent paragraphs accordingly.
- 13) Revise language on Utilization Management on Paragraph 5.6.

**EXHIBIT C – PAYMENT SCHEDULE**

- 14) Replace current Exhibit C with attached Exhibit C–Payment Schedule marked Amendment 31.

**Revised documents are attached for your convenience. Changes are highlighted by vertical bar on right margins.**

**All other Terms and Conditions remain in effect.**

**IN WITNESS WHEREOF, County and Contractor have executed this Amendment effective as of the date first set forth above.**

We, the undersigned Contractor, have given careful consideration to the change proposed and hereby agree, if this proposed change is approved, that we will provide all equipment, furnish all materials, except as may otherwise be noted above, and perform all services necessary for the work specified herein, and will accept as full payment a decrease of \$371,421.22, for an amended price of **\$896,235.93** for Fiscal Year 2015 – 2016 and a decrease of \$59,436.57, for an amended price of **\$517,549.14** for each of the remaining Fiscal Years 2016-2017 and 2017-2018.

Contract time for completion remains unchanged.

Revised Contract Total Price is **\$24,041,518.98**.

By: Daniel J. McCormick  
DANIEL McCORMICK, Interim Executive Director  
Phoenix House of San Diego, Inc.  
Date: 2/29/16

**THIS AMENDMENT IS NOT VALID UNLESS  
SIGNED BY THE DEPARTMENT OF PURCHASING  
AND CONTRACTING.**

Department Review and Recommended Approval:

By: [Signature]  
MICHAEL MILLER  
Behavioral Health Program Coordinator  
Behavioral Health Services-Children, Youth & Families  
Date: 2/29/16

**APPROVED:**

By: Christine C. Lee  
CHRIS LEE, Senior Procurement Contracting Officer  
Department of Purchasing and Contracting  
Date: 3/1/16

**COUNTY CONTRACT NUMBER 44820**  
**AGREEMENT WITH PHOENIX HOUSE OF SAN DIEGO, INC. FOR**  
**ADOLESCENT RESIDENTIAL ALCOHOL AND**  
**OTHER DRUG TREATMENT AND RECOVERY SERVICES**

**SIGNATURE PAGE**

**AGREEMENT TERM.** This Agreement shall be effective this 1<sup>st</sup> day of July 2000 ("Effective Date") and end on June 30, 2001 ("Initial Term") for a total Agreement period of one (1) year.

**OPTION TO EXTEND.** The County's option to extend is for seventeen (17) increments of one (1) year each for a total of seventeen (17) years beyond the expiration of the Initial Term, not to exceed June 30, 2018, pursuant to Exhibit C Payment Schedule. Unless County notifies Contractor in writing, not less than thirty (30) days prior to the expiration date that they do not intend to renew the Agreement; the Agreement will be automatically renewed for another year.

Options To Extend For One To Six Additional Months At End Of Agreement. County shall also have the option to extend the term of this Agreement in one or more increments for a total of no less than one (1) and no more than six (6) calendar months at the discretion of the County Purchasing and Contracting Director. Each extension shall be effected by written notice delivered to Contractor no less than fifteen (15) calendar days prior to expiration of any Agreement term.

The rates set forth in Article 4, Exhibit C, or other pricing section of this Agreement shall apply to any option exercised pursuant to this option clause unless provision for appropriate price adjustment has been made elsewhere in this Agreement or by Agreement amendment. All payments are subject to "Availability of Funds."

**COMPENSATION:** Pursuant to Exhibit C, County agrees to pay Contractor a sum of Seventeen Million, Four Hundred Fifty Thousand, One Hundred Three dollars and Ninety-Nine cents (\$17,450,103.99) for Fiscal Years 2000-2001 through 2012-2013 of this Agreement, Two Million, Three Hundred Thirty Thousand, Forty dollars and Thirty-Nine cents (\$2,330,040.39) for Fiscal Years 2013-2014 and 2014-2015, Eight Hundred Ninety-Six Thousand, Two Hundred Thirty-Five dollars and Ninety-Three cents (\$896,235.93) for Fiscal Year 2015-2016 and Five Hundred Seventeen Thousand, Five Hundred Forty-Nine dollars and Fourteen cents (\$517,549.14) for each of Fiscal Years 2016-2017 and 2017-2018, for a maximum Agreement amount of Twenty Four Million, Forty-One Thousand, Five Hundred Eighteen dollars and Ninety-Eight cents (\$24,041,518.98), in accordance with the method of payment stipulated in Article 4. It is understood that the parties will meet and confer on the contract price if adjustments are made to the scope of work for an extension of the term or terms. These discussions shall not obligate either party to make a requested adjustment to the scope of work or price except as otherwise set forth in this Agreement, nor shall it relieve either party of its obligations under the Agreement.

**COR.** The County has designated the following individual as the Contracting Officer's Representative ("COR")

Michael Miller, Behavioral Health Program Coordinator  
3255 Camino del Rio South  
San Diego, CA 92108  
Phone (619) 563-2787, FAX (619) 563-2775 and email [Michael.Miller@sdcounty.ca.gov](mailto:Michael.Miller@sdcounty.ca.gov)

**CONTRACTOR'S REPRESENTATIVE.** The Contractor has designated the following individual as the Contractor's Representative.

Daniel McCormick, Interim Executive Director  
11600 Eldridge Avenue  
Lake View Terrace, CA 91342  
Phone (818) 686-3000, FAX (818) 896-4859 and email [DMcCormick@phoenixhouse.org](mailto:DMcCormick@phoenixhouse.org)

***REVISED SIGNATURE PAGE***  
***(DO NOT REMOVE ORIGINAL SIGNED CONTRACT SIGNATURE PAGE)***

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**COUNTY CONTRACT NUMBER 44820**  
**COUNTY OF SAN DIEGO, HEALTH AND HUMAN SERVICES AGENCY**  
**AGREEMENT WITH PHOENIX HOUSE OF SAN DIEGO, INC. FOR**  
**ADOLESCENT RESIDENTIAL ALCOHOL AND**  
**OTHER DRUG TREATMENT AND RECOVERY SERVICES**  
**EXHIBIT A – STATEMENT OF WORK**

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**1. Scope of Work**

Provide twenty-four (24)-hour adolescent residential alcohol and other drug (AOD) treatment/recovery and ancillary services to the community. AOD adolescent residential services shall be designed to engage the community's racial, ethnic and economic populations. Contractor's program shall provide culturally and developmentally appropriate services described herein to accomplish the Children's System of Care outcomes, process objectives and goals defined in the Alcohol and Drug Provider Operations Manual referenced below:

[http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/Section\\_1\\_Budget\\_Docs/Alcohol%20and%20Other%20Drug%20Provider%20Operations%20Handbook%20-%202012-8-15.pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/Section_1_Budget_Docs/Alcohol%20and%20Other%20Drug%20Provider%20Operations%20Handbook%20-%202012-8-15.pdf)

**2. Background Information**

Substance abuse is a major health problem negatively impacting children, youth, families, and communities. Licensed adolescent residential treatment, recovery and ancillary services are non-institutional and non-medical programs. These programs provide Alcohol and Other Drug (AOD) services to adolescents with a substance abuse problem. Clients live on the premises in an environment free of alcohol and other drugs and are supported in their efforts to attain, maintain and apply interpersonal and independent living skills, and access community support systems.

Without adolescent residential treatment and recovery services, crime, homelessness, and unemployment rates rise, and family values deteriorate. A structured program with adolescent treatment and/or recovery services is available twenty-four (24)-hours per day, seven (7) days a week with a range of activities and services for clients. Program operations comply with all Federal, State and Local regulations pertaining to the operation of a licensed alcohol and other drug adolescent residential detoxification program, treatment program and/or recovery home.

*Live Well San Diego Vision:* The County of San Diego Health and Human Service Agency agreements support Live Well San Diego. Live Well San Diego, developed by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSa partners to this agreement, to the extent feasible, are expected to advance this vision, which was implemented in a phased approach. The first phase, Building Better Health, was adopted by the Board of Supervisors in 2010, and focuses on improving the health of residents and supporting healthy choices. The second phase, Living Safely, seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. The third and final phase, Thriving, was adopted in 2014 and focuses on promoting a region in which residents can enjoy the highest quality of life.

Information about Live Well San Diego can be found on the County's website and a website designated to the vision:

[http://www.sdcountry.ca.gov/hhsa/programs/sd/live\\_well\\_san\\_diego/index.html](http://www.sdcountry.ca.gov/hhsa/programs/sd/live_well_san_diego/index.html) and <http://www.LiveWellSD.org>

**3. Goals and Outcomes**

3.1. Goal. The goal of Alcohol and Drug Residential Services is to assist adolescents who use, misuse, or abuse alcohol and other drugs (AOD) to become alcohol or other drug-free.

3.2. Outcome Objectives. Contractor shall meet the Outcome Objectives listed below. Outcome Objectives may be adjusted during the Agreement term as necessary to meet changes in Federal, State, and County outcome requirements. Adjusted Outcome Objectives are subject to negotiation and agreement between Contractor and County of San Diego (COSD) Contracting Officer's Representative (COR).

3.2.1. Complete Treatment. Thirty-five percent (35%) of adolescent participants in alcohol and drug treatment will complete treatment as measured by:

3.2.1.1. Achievement of Goals and Objectives specified in an individualized treatment plan.

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- 3.2.1.2. Client Discharge Summary or Recovery Plan.
- 3.2.2. No New Arrests. Ninety percent (90%) of adolescents in alcohol and drug treatment will have no new arrests in the thirty (30) days prior to discharge, excluding minor traffic offenses, while in treatment as measured by:
  - 3.2.2.1. Client discharge summary.
  - 3.2.2.2. Client self-report at discharge.
- 3.2.3. Education or Educational Setting. Ninety percent (90%) of adolescent participants in alcohol and drug treatment who complete AOD treatment or who have made successful progress in AOD treatment shall be enrolled in an educational setting, or complete high school, as measured by:
  - 3.2.3.1. Client self-report.
  - 3.2.3.2. School District transcripts showing transfer of student to an educational setting off the campus of Phoenix Academy.
- 3.3. Retention in Treatment. Thirty-five percent (35%) of adolescent participants admitted into alcohol and drug treatment will stay at least ninety (90) days.
- 3.4. Process Objectives. The following Process Objectives are based on estimates of resident populations to be served. These Process Objectives may be administratively adjusted by the COSD-COR to best reflect the target population. Contractor shall achieve the following Process Objectives:
  - 3.4.1. Adolescent Residential Occupied Bed Days and Capacity. Contractor shall provide the following:
    - 3.4.1.1. A maximum of two thousand one hundred ninety (2,190) occupied bed days on an annual basis.
    - 3.4.1.2. Program capacity of six (6) beds on a daily basis.
- 3.5. Program Capacity Guidelines. Program capacity guidelines are utilized to determine the amount of clients to be served at the contracted facility before a waitlist is started. The Program capacity for this contract has been identified as six (6) clients on a daily basis.
- 3.6. Wait Times - Adolescent Residential Treatment. Of those admitted to treatment, a minimum of eighty-five percent (85%) shall have been admitted within twenty-one (21) calendar days of being accepted for treatment services.

**4. Target Population and Geographic Service Area**

- 4.1. Target Population. Contractor shall ensure that residential AOD services are provided countywide to drug and alcohol-using adolescents who have a primary alcohol or other drug dependency problem other than tobacco or ordinary caffeine containing beverages.
  - 4.1.1. Admission Policies, Procedures and Protocols. Contractor shall develop and maintain written program admission policies, procedures and protocols. The policies, procedures and protocols shall be developed to ensure service to the target population and shall be in compliance with the nondiscrimination and related clauses in Article 8, Compliance with Laws and Regulations, of the Pro Forma Agreement. Contractor shall implement non-discriminatory admission policies, ensuring that clients are admitted to treatment and recovery services regardless of anticipated treatment outcome. Policies shall also comply with the priority service requirements outlined below in Paragraph 4.1.2. Admission policies and procedures shall be submitted for review and approval by the COSD-COR within sixty (60) days of contract execution.

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- 4.1.1.1. All San Diego County resident referrals, shall receive COSD-COR approval prior to admission and discharge.
- 4.1.2. Entry Criteria and Priority. Contractor shall have a procedure to ensure clients are admitted based on the following Federal and County Health and Human Services Agency priority and entry criteria:
  - 4.1.2.1. Pregnant, Injection Drug Users (IDU).
  - 4.1.2.2. Pregnant Adolescent Girls.
  - 4.1.2.3. All other Injection Drug Users.
  - 4.1.2.4. Health and Human Services Agency (HHSA) Referrals.
  - 4.1.2.5. Court and/or Justice System referrals.
- 4.1.3. Service Authorization Request (SAR). SAR form shall be submitted to the COSD-COR before admission and every 90 days thereafter. County authorizations do not supersede or replace Medi-Cal documentation or service requirements.
- 4.2. Geographic Service Area. Contractor shall ensure that residential AOD services are provided countywide to drug and alcohol-using adolescents who have a primary alcohol or other drug dependency problem other than tobacco or ordinary caffeine containing beverages.
  - 4.2.1. Facilities. Contractor shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program. Facility shall meet Alcohol and Drug Services Health, Safety and Appearance Standards as described in HHSA: ADS 1077 (Attachment 1 below).
    - 4.2.1.1. Space. The facility shall have sufficient space for the services and activities specified in this Statement of Work, staff and administrative offices. The facility shall also include:
      - 4.2.1.1.1. Facilities and Program-Related Permits, Licenses, Certifications. Contractor shall maintain all Federal, State and locally-required facilities and program- related permits, licenses, and certifications necessary for the operation of the programs in the facilities. Residential and non-residential treatment programs must maintain current program certification through the California Department of Health Care Services.
      - 4.2.1.1.2. These requirements in no way supersede the provisions of State Department of Social Services Community Care Licensing (CCL) Standards and eligibility criteria that apply to those children in the residential program.
  - 4.2.2. Service Address and Hours of Operation. Contractor's businesses located at the addresses below shall be accessible by public transportation and in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24. Program services shall be open for business, Monday through Friday, and business hours shall be posted by the front entrance. Contractor shall provide services to clients seven (7) days a week, twenty-four (24) hours a day. Contractor shall not change the hours of operation or location from the address below without prior written approval from the COSD-COR. Prior to any change in location, the COSD-COR reserves the right to conduct a site visit(s), inspect facility plans, and approve the location and any budget and/or service delivery impact which may result from the proposed move to a new location/facility.

Phoenix House Academy of San Diego, Inc. (Lake View Terrace facility)  
11600 Eldridge Ave.,  
Lake View Terrace, CA 91342-6506  
(888) 671-9392

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**5. General Requirements for Service Delivery**

- 5.1. Culturally and Linguistically-Appropriate Services (CLAS). To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health (OMH) Culturally and Linguistically-Appropriate Service (CLAS) national standards. The National CLAS standards are located at:  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=15>
- 5.2. Ethical and Legal Standards. Contractor shall develop and implement policies, procedures and training protocols that ensure that its employees, subcontractors, subcontractor employees and volunteers adhere to the highest ethical and legal conduct standards when performing work under the terms and conditions of this Agreement.
- 5.3. Client Confidentiality. Contractor shall comply with Federal client confidentiality regulations (Confidentiality of Drug and Alcohol Patient Information – 42 U.S.C. 290dd-2; 42 C.F.R Part 2), and all applicable Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.
- 5.4. Client Records. Contractor shall maintain client records in accordance with the appropriate and current County, State, and Federal alcohol and drug treatment and recovery regulations.
- 5.5. Operational Procedures. Contractor shall develop and maintain written Operational Procedures in accordance with current State of California Standards and the most current and appropriate HHS requirements. The written procedures and all updates shall be provided to all employees charging staff hours to this Agreement. The written procedures shall be submitted to the COSD-COR upon request. Changes to a program's functions require a written change to the Operations Procedures. Contractor may prepare additional written procedures not in conflict with this Agreement.
- 5.6. Internal Program Review and Evaluation. Contractor shall conduct an internal review and evaluation at least once every fiscal year as it relates to this Statement of Work. Results of the review and any plans for correction shall be available for review by the County of San Diego.
- 5.7. COSD-COR or designee shall review results during the scheduled site visit(s).
- 5.8. Funding Restrictions. Contractor shall not solicit or accept payments, contributions or donations from any business or organization primarily engaged in the manufacture, distribution or wholesale or retail sale of alcoholic beverages.
- 5.9. Restrictions on Salaries. No part of any federal funds provided under this Contract shall be used by Contractor or any Subcontractors to pay the salary of an individual at a rate in excess of Level 1 of the Executive Schedule. Salary schedules may be found at <http://www.opm.gov/oca>.
- 5.10. Interpreter Services for the Deaf, Hard of Hearing and Late Deafened. Contractor shall provide for professional certified interpreter services as needed for deaf, hard of hearing, late deafened participants to facilitate complete communication and to ensure provision of appropriate and confidential treatment and recovery services.
- 5.11. Public Contact. Contractor shall have sufficient staff and volunteers with adequate knowledge, skills and ability available during operating hours as identified above in Paragraph 4.2.1.2, to ensure that all persons who contact the program in person or by phone during operating hours are quickly and appropriately served with information or a referral to appropriate services.
- 5.12. Reporting. Contractor shall report all required client information to identified referral source according to specified format and established time lines, providing there is current written consent to release information contained in the client file.

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- 5.13. Staff Requirements. Contractor shall administer, staff and provide management systems and procedures for programs. Contractor shall recruit, hire, train and maintain staff qualified to provide required services.
- 5.13.1. Licenses and Certifications. Staff providing services are required to comply with the California Department of Health Care Services (DHCS) Counseling Certification Standards, incorporated into this document by reference
- <http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertification.aspx>
- 5.13.2. All non-licensed and non-certified individuals providing counseling in an ADS-contracted treatment program licensed and/or certified by DADP must be registered with one of the State-approved certifying organizations (located at the following link: <http://www.adp.ca.gov/Licensing/lcbhome.shtml>) within six (6) months from the date of hire to obtain certification as an AOD counselor. Registrants shall complete certification as an AOD counselor within five (5) years of the date of registration. A minimum of thirty percent (30%) of staff must be certified, as identified in counseling certification standards.
- 5.13.3. Exception to Qualification Requirement. Staff actively working toward certification as outlined above, with at least one (1) year experience in alcohol and drug services, shall receive formal supervision from an on-site staff person meeting the qualification criteria defined above in Paragraph 6.13.1.
- 5.13.4. Life Experience. All staff and volunteers must be free of probation and/or parole supervision for a minimum of one (1) year.
- 5.14. Qualification Documentation. Contractor shall maintain copies of the résumés and any supporting documentation which demonstrates that personnel assigned to the program meet DADP's certification standards. Such documentation shall be maintained in the personnel file for all personnel hired under this Agreement by the last day of the first full month of employment, and shall be available for County monitoring purposes.
- 5.15. Review and Comment on the Qualifications of On-Site Managers, Directors and Higher Level Staff. The COSD-COR shall review and comment on the final candidates under consideration for hire at the Program Manager, Director, or higher level prior to selection. Should the COSD-COR choose to provide written comments, the comments shall be provided within five (5) days of receipt of candidates' résumés and supporting documentation.
- 5.16. Notification of Key Personnel Changes. Contractor shall notify the COSD-COR within seventy-two (72) hours when there is a change in key personnel (direct service and management staff), funded by the Agreement.
- 5.17. Mental Health Consultation. A California-licensed mental health specialist shall be available to provide clinical consultation as necessary and to conduct mental health assessments for those participants who may be dually-diagnosed with a mental health issue. The Mental Health Specialist shall also conduct clinical supervision for staff delivering program services. A plan for provision of services to clients with a co-occurring disorder must be approved by the COSD-COR within thirty (30) days of Agreement amendment effective March 1, 2016.
- 5.18. Emergency Care Training. All program staff, including program volunteers who work more than thirty (30) days and are not under immediate supervision of trained staff, shall have current certified First Aid and Cardio-Pulmonary Resuscitation (CPR) training (including infant CPR). New staff shall be trained within three (3) months of the date of hire. Verification of certification shall be placed in the employee's personnel file.
- 5.19. Drug Testing. Employees and volunteers shall be drug tested prior to hire. Drug test results shall be negative for illegal drug use, including marijuana. Results shall be maintained in the personnel file.



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- Contractor shall include a signed release by the employee/volunteer, per the Health Insurance Portability and Accountability Act (HIPAA) that allows for drug testing information to be kept in the personnel file.
- 5.20. Tuberculosis (TB) Testing. Tuberculosis information can be found at the following website: [http://www.sdcounty.ca.gov/hhsa/programs/phs/tuberculosis\\_control\\_program/guidelines\\_additional\\_resource\\_s.html](http://www.sdcounty.ca.gov/hhsa/programs/phs/tuberculosis_control_program/guidelines_additional_resource_s.html). Contractor shall follow TB testing guidelines for all employees and clients/residents as indicated below:
- 5.20.1. Employees and Volunteers. Contractor shall conduct TB testing for employees and volunteers by following the California Alcohol and Drug Programs standards for TB as indicated by the following website: ([http://www.adp.ca.gov/licensing/regs/Reg\\_3\\_10564.shtml](http://www.adp.ca.gov/licensing/regs/Reg_3_10564.shtml)). Employees and volunteers shall be tested for TB prior to hire and shall be free of active disease as documented by a negative skin test or medical clearance, such as a negative chest x-ray, completed within the sixty (60) days prior to hire date. Employees and volunteers must be tested annually following hire. Results shall be maintained in the personnel file.
- 5.20.2. Residents/Clients. Every resident/client at an alcohol and drug treatment program shall, prior to admission, be screened utilizing the standardized TB Screening Questionnaire for the signs and symptoms of tuberculosis, and shall be determined to be free from active tuberculosis. Results shall be maintained in the resident/client file. Contractor shall include a signed release by the resident/client per the Health Insurance Portability and Accountability Act (HIPAA) that allows for TB information to be kept in their file.
- 5.20.2.1. For residents that are admitted to a facility solely for detoxification services, the licensee shall be exempted from the above requirement, unless the resident remains in the facility for ten (10) days or more
- 5.20.3. TB Services. Contractor shall make information about TB services available to each individual admitted to the program for alcohol or other drug treatment. TB information shall include information regarding counseling, testing, and medical treatment.
- 5.20.4. Persons Denied Program Admission. Contractor shall refer all persons in need of TB treatment and denied admission to the program to an agency providing TB services. Contractor shall provide information about TB counseling services to persons denied admission.
- 5.21. On-site Manager/Director. Contractor shall provide a full-time on-site program manager or director for each program, unless prior approval received by COSD-COR. If the program manager is also serving as the program coordinator, time may be divided between administration and direct services.
- 5.22. Management and Staff Development. Contractor shall develop and maintain a management and staff training and development plan. The staff training plan shall be updated annually and written reports on management and staff progress in achieving their staff development goals shall be maintained in the employee's personnel file. Staff training and development plans shall include at minimum: specific treatment standards for services proposed, i.e. Drug Medi-Cal, client confidentiality, client screening and assessment, client referral, CPR, communicable diseases, cultural diversity, data collection, drug testing protocols, Program Registrar procedures and volunteer training (if volunteers are utilized).
- 5.23. Sexual Contact. Sexual contact shall be prohibited between program staff, including volunteers, and members of the Board of Directors, and the participants. A written statement explaining the sexual contact policy shall be included in every participant's rights statement given at admission to a program. Contractor shall include a statement in every personnel file noting that the employees and volunteers have read and understood the sexual contact prohibition. The policy shall remain in effect for six (6) months after a participant is discharged from services, or a staff member terminates employment.

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**COUNTY CONTRACT NUMBER 44820**  
**COUNTY OF SAN DIEGO, HEALTH AND HUMAN SERVICES AGENCY**  
**AGREEMENT WITH PHOENIX HOUSE OF SAN DIEGO, INC. FOR**  
**ADOLESCENT RESIDENTIAL ALCOHOL AND**  
**OTHER DRUG TREATMENT AND RECOVERY SERVICES**  
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- 5.23.1. Inappropriate Client to Client Relations. Contractor shall have a written policy prohibiting inappropriate client to client contact and relations.
- 5.24. Incident Reporting. When serious incidents or unusual occur at a contractor's facility, it must be reported to the County. All contractors shall establish and follow procedures for reporting serious incidents and unusual occurrences involving client/participants and participants in the contract. Please note that there are different procedures to follow for:
- 5.24.1. Serious Incidents, and
- 5.24.2. Unusual Occurrence
- 5.25. Smoking Prohibition Requirement. Contractor shall comply, and require that subcontractors comply, with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for or by an entity and used to provide services to children under the age of eighteen (18).
- 5.26. Taxi Cabs. Contractor shall not use taxi cabs to transport unescorted minors who receive services funded by the County of San Diego.
- 5.27. Financial Status Evaluation. Contractor shall conduct a financial assessment of all clients at program enrollment to determine any potential third-party payment possibilities and, if Contractor has capacity in place to bill for such, Contractor shall develop procedures.
- 5.27.1. Sliding Fee Scale. Contractor shall utilize the standardized sliding fee scale for determining the client's ability to pay for services. The sliding fee scale will indicate the maximum client fee allowed, based on economic indicators. The indicated amount may be reduced based on a client's ability to pay.
- 5.27.2. Service Eligibility. Services shall not be refused to clients based on race/ethnicity, disability, culture, religion, gender, sexual orientation, or the inability to pay. Clients who are Drug Medi-Cal or CalWORKs-eligible shall not be charged fees.
- 5.28. Charitable Choice. In adherence to Title 42, Code of Federal Regulations Part 54 (Non Discrimination and Institutional Safeguards for Religious Providers), Contractor shall not discriminate against individuals on the basis of religious preference. Contractor shall be required to notify clients of their rights prohibiting discrimination and shall establish a referral process to a reasonable accessible program for those clients who may object to the religious nature of the program at intake.
- 5.28.1. Contractor shall be required to report any referrals that were made to the assigned COSD-CO. Adherence to this requirement will be monitored through annual site visits to programs through a review of client files.
- 5.29. Trafficking Victims Protection Act of 2000. Contractor shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104). For full text of the award term, go to: <http://www.samhsa.gov/grants/trafficking.aspx>.
- 5.30. Pathways to Well-Being. Contractor shall adhere to the Katie A. Settlement Agreement to provide client and family-centered services with emphasis on safety, permanency, and well-being to children/youth and their families that are also involved in the Child Welfare Services system. Contractor shall implement the philosophy and elements of Pathways to Well-Being as outlined in the Core Practice Model Guide and Medi-Cal Manual developed by the State.

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<http://www.dhcs.ca.gov/Documents/KACorePracticeModelGuideFINAL3-1-13.pdf>

<http://www.dhcs.ca.gov/Documents/KatieAMedi-CalManual3-1-13FinalWPREFACE.pdf>

**6. Specific Requirements for Service Delivery**

- 6.1. Program Registrar. Contractor shall designate a Program Registrar who shall function as the key contact person for receiving client progress inquiries from designated third-party referral sources and responding to them in a timely manner, consistent with confidentiality requirements. Staff designated as Program Registrar shall possess the knowledge, training, expertise and ability to organize and transmit such substance abuse treatment and recovery information, and shall have excellent written, oral and telephone communication skills. Program Registrar shall have received training and be competent in using personal computer-based software programs to facilitate information flow. Each treatment program shall also designate a back-up staff person to perform these duties when the primary Program Registrar is absent, e.g., due to illness, vacation, or staff turnover.
- 6.2. Residential Overnight Coverage. Contractor shall assign a person or persons who are trained in emergency procedures to be on-site and available every night to handle emergencies with residents and with the facilities. Clients must be told who is assigned for overnight coverage and how to contact them in case of an emergency.
- 6.3. Program Services Description. Contractor shall provide adolescent residential treatment, recovery and ancillary services that are non-institutional and non-medical within licensed residential programs. These programs shall provide AOD services to adolescents with a substance abuse problem. Clients shall live on the premises in an environment free of alcohol and other drugs, and be supported in their efforts to attain, maintain and apply interpersonal and independent living skills, and access community support systems. Contractor shall provide a range of activities and services for adolescents who would be at risk of hospitalization or other institutional placement if they were not in the adolescent residential treatment or recovery program. Contractor shall provide a structured program with treatment and/or recovery services available twenty-four (24)-hours per day, seven (7) days a week. Contractor's program operations shall comply with all Federal, State and local regulations pertaining to the operation of a licensed alcohol and other drug adolescent residential detoxification program, treatment program and/or recovery home. Upon admission, Contractor shall ensure that each client is assigned a primary counselor and shall be assigned to participate in an array of mandatory treatment, recovery and ancillary services as prescribed in the program's daily schedule. Face-to-face individual and group counseling sessions shall be part of the client's daily structure. Progress notes shall be documented as weekly summaries in each client's treatment file.
- 6.4. Groups and Counseling. Content and approach of process, educational, and individual counseling shall follow best practices models for alcohol and drug counseling.
  - 6.4.1. Life Skills. Contractor shall provide Life Skills treatment services and activities to meet the living and educational needs of individuals and families, including but not necessarily limited to the following:
  - 6.4.2. AOD Education. Each client shall participate in the mandatory education components which shall include, but not be limited to:
    - 6.4.2.1. AOD physiological effects
    - 6.4.2.2. AOD psychological effects
    - 6.4.2.3. AOD social effects
    - 6.4.2.4. AOD pharmacological aspects
    - 6.4.2.5. Characteristics of families with AOD problems

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- 6.4.3. **Job Readiness.** Contractor shall provide job preparation education and discussion groups to all clients needing these services as indicated on their individual treatment plan.
- 6.4.4. **Family Violence.** Contractor shall provide family violence education, individual and group discussions clients needing these services as indicated on their individual treatment plan, and assist families with referrals if needed.
- 6.5. **Curriculum Manual.** Contractor shall develop a curriculum manual containing alcohol and other drug education, parenting and family violence program descriptions, lecture outlines, handouts, and any other materials used for participant and family alcohol and other drug education, parenting and family violence presentations. The manual must be approved by the COSD-COR within sixty (60) days of contract execution and shall be updated annually.
- 6.5.1. **Individual Counseling.** Contractor shall provide individual counseling for intake, treatment and recovery planning, and discharge. Additional individual counseling shall be provided for crisis intervention as necessary.
- 6.5.2. **Recovery Services.** Contractor shall provide alcohol and other drug recovery services to all participants. Recovery services shall include, but not be limited to the following:
- 6.5.2.1. **Relapse Prevention.** Relapse Prevention education and activities shall be available to help the client maintain sobriety over time.
- 6.5.2.2. **Recovery Planning Groups.** Recovery planning groups shall be available and provide strategies to achieve abstinence, physical and mental health, financial, employment and educational and spiritual goals.
- 6.5.2.3. **Self-Help Group Participation.** Clients shall be introduced to mutual self-help recovery groups for persons with alcohol and other drug abuse or dependency problems. Self-help groups may be incorporated into treatment and recovery plans and documentation of attendance noted in client file as appropriate.
- 6.5.3. **Transportation.** Contractor shall offer transportation for COSD COR approved County of San Diego resident referrals (including families/support persons) to and from the Lake View Terrace facility.
- 6.6. **Services for Individuals with Co-Occurring Disorders.** In accordance with the Health and Human Services Agency Co-Occurring Psychiatric and Substance Abuse Disorders Consensus Document (dated August 16, 2007, or as subsequently updated) all ADS programs shall be welcoming to individuals with co-occurring disorders by posting an ADS-approved Welcoming Statement and by providing materials, brochures, posters and other appropriate information regarding co-occurring disorders. Individuals shall receive a helpful and appropriate response whether the help they seek is voluntary or court-mandated. Contractor shall have capacity, at a minimum, to screen and refer clients/residents with co-occurring disorders to identified co-occurring treatment.
- 6.6.1. Each organization shall have a minimum of one (1) current staff person complete the Comprehensive, Continuous, Integrated System of Care (CCISC) CADRE, within the life of contract.
- 6.6.2. **Completion of CCISC CADRE.** When an Agency has completed the Comprehensive, Continuous, Integrated System of Care (CCISC) CADRE change agent training they shall, in addition to being welcoming, be expected to meet the following minimum requirements:
- 6.6.2.1. Contractor shall use an ADS-approved tool to measure progress toward co-occurring capability or enhancement and shall identify specific objectives that are

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measurable and achievable in that time frame. Each program shall document what actions they are taking toward co-occurring capability or enhancement, at a minimum annually and submit to the COSD-COR by May 15<sup>th</sup> of every option year.

- 6.6.2.2. Annual development of Quality Improvement Action Plan for achievement of progress, in consultation with COSD-COR and/or designee, identifying Agency or Program specific objectives that are measurable and achievable to be reviewed at the time of site visit.
- 6.6.2.3. Ongoing Agency participation in CADRE committees and activities, following CADRE change agent training completion.
- 6.7. Client Assessment. Contractor shall provide screening by administering the Simple Screening Instrument (SSI) (if not completed by another ADS-approved program/agency) and assessment by administering the Youth Assessment Index (YAI). An alternative assessment tool may be used with prior written approval from the COSD-COR. Referral and planning services to assist the client and families to meet their treatment needs and goals shall be provided.
- 6.8. Treatment Plans. Contractor shall develop an individualized treatment plan for each participant from the client assessment information. The initial treatment plan shall be developed within thirty (30) days of the client's admission. The plan shall be updated every ninety (90) days or more often if needed. The client and primary counselor shall sign each treatment plan.
- 6.9. Discharge Plan. Contractor shall develop a discharge plan with the client at least thirty (30) days prior to anticipated discharge date that provides support to the client in recovery after completing the program.
- 6.10. Program Length. Contractor shall provide long-term residential/therapeutic community program and shall serve each client for approximately four (4) to six (6) months.
- 6.11. Aftercare Services. Contractor shall provide formal and/or informal aftercare services, or assist the participant to engage in an appropriate community aftercare program. These services shall be documented in the participant's discharge summary, which shall be prepared prior to participant's discharge.
- 6.12. AOD-free Recreational and Social Activities. Contractor shall offer recreational and social activities to all program clients and their families at least once per month. Activities shall be documented in the client's file.
- 6.13. Volunteer Services. Clients shall be encouraged to participate in volunteer services in an effort to give back to the program and/or community.
- 6.14. Communicable Disease Information, Education and Prevention. Contractor shall provide information, education and prevention services on the following communicable diseases for each individual admitted to the program: Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis and Sexually Transmitted Infections (STIs).
- 6.15. HIV Services. Contractor shall provide Human Immunodeficiency Virus (HIV) information and referral services for each individual admitted into the program. Contractor shall use the ADS-designated HIV services contractor for assessment for HIV risk behavior, provision of HIV prevention education, and referral for HIV counseling and testing.
- 6.16. Affordable Care Act. Contractor shall ask any client if the client or any minor(s) for whom they are responsible have health insurance coverage. If the response is "no" for client or minor(s), the Contractor shall refer the client to Covered California at <https://www.coveredca.com/> or to call 1-800-300-1506.
- 6.17. Drug Testing. Contractor shall conduct observed, random drug testing to all clients as mandated by the referral source(s) and/or the individual treatment plans. All drug testing results shall be documented in client file.

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6.17.1. Drug Testing Results Reporting. All positive drug tests shall be reported to the referring entity within two (2) business days of testing date, if the client has provided appropriate prior consent.

6.17.2. Alcohol and Drug Testing Technologies. Drug testing may include any of the following technologies:

6.17.2.1. Patch

6.17.2.2. Urinalysis

6.17.2.3. Breathalyzer (alcohol only)

6.17.3. Urinalysis Testing. Contractor shall use the COSD-COR approved urinalysis testing vendor.

Urinalysis shall be observed and staff must be gender-appropriate. Contractor shall develop, implement, and maintain a testing protocol to ensure against falsification or contamination of urine specimens.

6.18. Client Satisfaction Surveys. Contractor shall conduct semi-annual client satisfaction surveys during the term of the Agreement. The first annual client satisfaction survey shall be conducted within six (6) months of the effective date of this Agreement. Contractor shall utilize the standard client satisfaction survey tool to develop survey results.

6.18.1. Submission of Findings. Contractor shall conduct the survey, compile the data, and submit report findings to the COSD-COR within sixty days (60) from the survey's initiation.

6.18.2. Response Rate. Contractor shall specify the total number of participants who responded to the survey compared to the total number of participants served.

6.18.3. Improvement of Services. In areas of the survey that are rated "below average" by fifty percent (50%) or more of the clients, a plan for improvement shall be developed and implemented. The plan shall be submitted to the COSD-COR within sixty days (60) from the survey's initiation.

6.19. Trauma-Informed Care. Contractor's program and services shall be "trauma-informed" and accommodate the vulnerabilities of trauma survivors. Services shall be delivered in a way that will avoid inadvertently re-traumatizing clients and facilitate client participation in treatment. Contractor's trauma-informed program and services shall include: Screening of Trauma; Consumer Driven Care and Services; Trauma-Informed, Educated and Responsive Workforce; Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices; Safe and Secure Environments; Community Outreach and Partnership Building; and, Ongoing Performance Improvement and Evaluation.

6.19.1. All clients shall receive current screening and assessment tools that include questions regarding trauma upon admission.

**7. Data Collection and Reporting Requirements**

7.1. San Diego Web Infrastructure for Treatment Services (SanWITS). Contractor shall submit SanWITS data and any other data as required by the State of California Alcohol and Drug Program to the Data Unit at Alcohol and Drug Services by the tenth (10<sup>th</sup>) calendar day of each month.

7.2. Capacity Notification. Contractor shall notify the COSD-COR when program is under ninety percent (90%) of its contracted capacity or when a waiting list has been started.

7.3. Monthly Status Report (MSR) – Contractor shall complete and submit a MSR on or before the 15th day after the reporting month

**8. Automation**

8.1. Data Capacity. Contractor shall maintain technology that facilitate the collection, maintenance, and

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reporting of data necessary to comply with California Alcohol and Drug Program data requirements. Contractor's computer-based data collection, maintenance, and reporting systems shall be compatible with current County and State standards.

- 8.2. Internet Access. Contractor shall have and provide staff with computer systems or other immediate access to the Internet. Computer systems shall be capable of fully accessing and downloading and using data and information from a variety of web sites.
- 8.3. Electronic Mail. Contractor, for all service categories provided, shall be capable of transmitting and receiving information through electronic mail (email). Contractor shall maintain an email address and shall provide the COSD-COR or COSD-COR's designee with any change in email addresses within two (2) business days of the effective date of the change.

**9. Contract Budget**

- 9.1. Invoices are due 30 days after end of invoice month unless other due dates are required by specific funding sources.

**10. Limitation of Costs**

For each term period stated on the Signature page of the Agreement:

- 10.1. The parties estimate that performance of this Agreement will not cost the County more than the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page.
- 10.2. Contractor agrees to use its best efforts to perform the work specified and all obligations under this Agreement within the maximum Agreement amount.
- 10.3. Contractor shall notify the COSD-COR in writing whenever it has reason to believe that:
  - 10.3.1. The costs Contractor expects to incur under this Agreement in the next sixty (60) days, when added to all costs previously incurred, will exceed seventy-five percent (75%) of the maximum Agreement term amount as specified in the Compensation clause of the Agreement Signature Page, or
  - 10.3.2. The total cost for the performance of this Agreement, will be either greater or substantially less than had been previously agreed to for that term.
  - 10.3.3. As part of the notification, Contractor shall provide the COSD-COR a revised estimate of the total cost of performing the Agreement for that term.
- 10.4. Unless otherwise stated in this Agreement, the County is not obligated to reimburse Contractor for costs incurred in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page.
- 10.5. Contractor is not obligated to continue performance under this Agreement (including actions under the Termination clause of this Agreement) or otherwise incur costs in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page, unless the County Contracting Officer notifies Contractor in writing that the maximum Agreement amount has been increased and provides a revised maximum Agreement amount of performing this Agreement.
- 10.6. No notice, communication, or representation in any form other than that specified above in Paragraph 11.5, or from any person other than the County Contracting Officer, shall affect this Contract's maximum Agreement amount to the County. In the absence of the specified notice, the County is not obligated to reimburse Contractor for any costs in excess of the maximum Agreement amount.
- 10.7. If the maximum Agreement amount is increased, any costs Contractor incurs before the increase that are in excess of the previously maximum Agreement amount shall be allowable to the same extent as if incurred afterward, unless the County Contracting Officer issues a termination or other notice directing that the increase is solely to cover termination or other specified expenses.

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**Attachment 1**

**Alcohol and Drug Services Program Facilities**  
**Health, Safety, and Appearance Standards, HHSA:ADS 1077**

**For All Facilities:**

1. All areas shall be kept clean.
2. All areas shall be free of health risks, i.e. vermin and their residue, contaminated water, noxious odors, and accumulated dirt. Maintenance supplies, especially toxic materials, shall be stored appropriately in secured areas.
3. Refrigerators, microwaves, coffeemakers, and any other appliances used for food preparation shall be cleaned and maintained regularly. All food items shall be stored appropriately.
4. Wastebaskets, trash cans, dumpsters, etc. shall be emptied regularly and cleaned and disinfected as necessary. Areas surrounding trashcans and dumpsters shall also be cleaned and maintained.
5. All occupied areas shall have adequate ventilation and reasonable interior temperatures (64-85 degrees).
6. All sites shall have a fully equipped first aid kit, posted emergency exit plan, up-dated fire extinguishers, and smoke and carbon monoxide detectors.
7. All electrical wiring shall be free of safety hazards and meet appropriate codes. Electrical supply cabinets must be locked/secured to prevent access by clients, children, and visitors.
8. All floors and walkways shall be intact, level, and free of all tripping hazards and other obstructions.
9. Lighting shall be adequate inside and outside the facility during all seasons of the year.
10. Boxes, records, papers, and other supplies shall be neatly kept in appropriate storage areas. None of these items shall be allowed to obstruct passage by clients, staff, or visitors.
11. Smoking, if allowed by the program, shall occur only in designated outdoor smoking areas with adequate disposal receptacles away from public entrances and exits and areas where children and youth may be present.
12. Roof, walls, ceilings, and floors shall be maintained in good condition, i.e. no peeling paint, rotting wood, etc. They shall be free of mold and mildew, water damage, and rust.
13. All furniture shall be in good repair and suitable to the program's services.
14. All decorative art shall be intact, secured, and well maintained.
15. Entrances shall be identified.
16. Window treatments shall be in good repair.
17. Emergency, fire, and safety procedures and exit maps shall be in view.



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**ATTACHMENT 2**  
**COUNTY OF SAN DIEGO ALCOHOL AND DRUG SERVICES**  
**CLIENT SATISFACTION SURVEY**

Program: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you been the program?		What is your age?	
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PLEASE MARK THE APPROPRIATE BOXES. THANK YOU FOR PARTICIPATION:

GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	TYPE OF SERVICE	<input type="checkbox"/> Non-residential	<input type="checkbox"/> Residential
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ETHNICITY	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/P I	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
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Services received:	How do you rate those services:				
How would you rate the level of service that the program staff provided you with during your time in this program?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
During your time in the program how would you rate the staff courteousness, knowledge and ability to help you to understand and follow program rules?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the staff's ability to be supportive, receptive & available to you?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the facility in terms of cleanliness, comfort and accessibility?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the program's ability to provide services that were adequate and assist you to learn about yourself and to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Please rate how attending the program has improved your situation and allowed you to work more effectively with your issues of concern?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Please rate the program staff's ability to provide you with the adequate information and the support?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the staff's sensitivity to understand and support diverse beliefs & cultural backgrounds of all clients?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the program staff's ability to learn about and respect your needs as an individual?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
In an overall sense how would you rate the services you received?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
If you were to seek help again, how would you rate your feelings to come back to the same program or agency?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA

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If a friend or family member were in need of similar help how would you rate the program?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Additional comments or suggestions: _____					

**FOR OFFICE USE ONLY**

# of Excellent answers:		# of Poor answers:	
# of Good answers:		# of NA answers:	
# of Fair answers:			

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**ANEXO 3**  
**CONDADO DE SAN DIEGO SERVICIOS DE ALCOHOL Y DROGAS**  
**ENCUESTA DE SATISFACCION DEL CLIENTE**

**Programa:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

¿Cuanto tiempo estuvo en el programa?		¿Cual es su edad?	
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**POR FAVOR MARQUE LAS CASILLAS CORRESPONDIENTES. GRACIAS POR SU PARTICIPACION:**

<b>GENERO</b>	<input type="checkbox"/> Hombre	<input type="checkbox"/> Mujer	<b>TIPO DE SERVICIO</b>	<input type="checkbox"/> No-residencial	<input type="checkbox"/> Residencial
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<b>ETNICIDAD</b>	<input type="checkbox"/> Caucásico	<input type="checkbox"/> Hispano	<input type="checkbox"/> Negro/Africano Americano	<input type="checkbox"/> Asiático	<input type="checkbox"/> Indígena	<input type="checkbox"/> Otra
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Tipo de servicio que recibió Como Consideraría las siguientes preguntas:	Como valora los servicios?				
¿El personal le dio la bienvenida y trato con respeto durante su tiempo en este programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Durante su tiempo en el programa fue el personal cortés, y le ayudaron a comprender y seguir las reglas del programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Encontró el personal a su apoyo, receptivo y disponible para usted?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿La instalación estaba limpia, cómoda y de acceso fácil?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿El programa le dio los servicios que eran adecuados y le ayudaron a aprender acerca de usted mismo y para llevarse bien con los demás?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Como resultado de asistir en el programa ha mejorado su situación y le ha permitido trabajar de manera más eficaz en los temas que le preocupaban?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿El personal en el programa le dio la información adecuada y el apoyo que necesitaba?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Fue el personal sensible a las diversas creencias y tradiciones culturales de todos los clientes?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Cree usted que el personal del programa respeto y aprendió acerca de sus necesidades como persona individual?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
En general ¿cómo calificaría usted los servicios que usted recibió?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Si necesitara ayuda de nuevo, viniera a la misma agencia o programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Cree que otros podrían aprender de este programa y si un amigo o un miembro de su familia estuvieran en necesidad de ayuda similares, les recomendaría el programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
Comentarios adicionales o sugerencias: _____					

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**COUNTY CONTRACT NUMBER 44820**  
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**AGREEMENT WITH PHOENIX HOUSE OF SAN DIEGO, INC. FOR**  
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# of Excellent answers:		# of Poor answers:	
# of Good answers:		# of NA answers:	
# of Fair answers:			

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**ATTACHMENT 4**  
TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

CLIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Last First

ARE YOU <u>COUGHING</u> FOR MORE THAN 3 WEEKS?	YES	NO
Have you recently <u>coughed up blood</u> ?	YES	NO
Have you <u>lost more than 5 lbs</u> in the last 2 months?	YES	NO
Had <u>frequent fevers</u> in the last month?	YES	NO
Had <u>unusual sweating, especially at night</u> ?	YES	NO

- If "YES" to cough and "YES" to one-or-more of the other TB symptom questions:  
See **\*TB SUSPECT\*** below.
- Other findings: Refer to medical provider, as needed, depending on the severity of symptoms.

HAVE YOU EVER HAD A TB SKIN TEST (TST)?	YES	NO
What was the result?	Positive	Negative
Do you have proof of your TST?	YES	NO

- PREVIOUS TST DOCUMENTATION: Record TST date and size:
- Copy TST document for program and client records.

TST Date	MM
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SUMMARY (Check all applicable):

- \_\_\_\_\_ TST Not Known/No Previous TST Done: Refer clients for TST ASAP (7 days max)
- \_\_\_\_\_ TST Negative (no documentation available): Refer client for TST ASAP (7 days max)
- \_\_\_\_\_ TST Negative (documented as done within the last 3 months): No TST needed now.  
Repeat TST yearly.
- \_\_\_\_\_ TST Positive History (no documentation): Refer for an eval. of TST history ASAP (7 days max)
- \_\_\_\_\_ TST Positive History (documented, date and size recorded above):  
Chest x-ray needed within 7 days of admission UNLESS client presents documented proof of a  
normal x-ray done within the last 3 months. Copy x-ray report for clinic record  
record date here.

X-ray date
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- \_\_\_\_\_ **\*TB SUSPECT\*** (cough with one-or-more TB symptoms): Contact TB Control to arrange  
immediate evaluation.

Staff completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

(ADS revised 4/9/08)

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**ATTACHMENT 5**  
**SLIDING FEE SCALE**

County of San Diego Alcohol and Drug Services Residential and Non-Residential Treatment Services Sliding Fee Scale											
	NON RESIDENTIAL						RESIDENTIAL				
	Dependents						Dependents				
	1	2	3	4	5+		1	2	3	4	5+
Adjusted Annual Household Income	Weekly Client Fee										
\$0 - \$20,000	\$25	\$23	\$21	\$19	\$17		\$150	\$137	\$125	\$114	\$104
\$20,001 - \$40,000	\$50	\$46	\$42	\$38	\$35		\$300	\$274	\$250	\$228	\$208
\$40,001 - \$60,000	\$75	\$68	\$62	\$57	\$52		\$450	\$411	\$375	\$342	\$312
\$60,001 - \$80,000+	\$100	\$91	\$83	\$76	\$69		\$600	\$548	\$500	\$456	\$416

**// END OF EXHIBIT A – STATEMENT OF WORK**

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**EXHIBIT A2 – STATEMENT OF WORK**

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**1. Scope of Work/Purpose**

Contractor shall operate a certified outpatient behavioral health program and provide a full range of Title 9 outpatient diagnostic and treatment services for children, adolescents, and young adults, hereafter known as clients, and their families who are low income or uninsured, full-scope Medi-Cal beneficiaries or eligible for services through the Mental Health Services Act (MHSA).

Contractor's services shall include individual/group/family treatment, case management/rehabilitative services, Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), crisis intervention and medication management. Services shall adhere to Children's System of Care (CSOC) principles and be provided at office/clinic setting. Services shall be client and family driven and culturally and linguistically competent.

Contractor shall offer a certified mental health clinical program and provide specialty mental health services for adolescents, and their families who are full scope Medi-Cal beneficiaries and who meet target population criteria of Severely Emotionally Disturbed (SED) youth with co-occurring mental health and substance abuse disorders that reside at Phoenix House Academy, Lake View Terrace Residential facility. Eligible clients shall receive services including: case management, and specialty mental health services, assessment and treatment, including specialized approaches such as anger management groups and parent education. Assistance with transportation and lodging will be provided to maximize San Diego County resident parent/family member involvement in treatment. This program shall include licensed mental health professionals and a psychiatrist who shall offer face-to-face medication management services, professional case consultation to County of San Diego (COSD), Contracting Officer Representative (COR), and other appropriate mental health services as required by the needs of the target population. All mental health services shall be family-focused, culturally proficient, and community-based in their orientation. Program shall have a maximum capacity of 6 clients at any given time.

**2. Background Information**

Federal law and regulations require that all full-scope Medi-Cal eligible beneficiaries receive all medically necessary services, as permitted by federal law in a State plan, for the purpose of correcting or ameliorating an illness or condition including mental illness. This provision of the federal law is known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate for supplemental services.

The Mental Health Services Act (MHSA), Proposition 63, was approved by California voters in November 2004 and became effective January 1, 2005. MHSA provides funding for expansion of mental health services in California. As required by the law, the County of San Diego, through the County of San Diego Health and Human Services Agency's (HHSa) Behavioral Health Services Division, completed the MHSA Community Services and Supports (CSS) Program Plan targeting children and youth who are Seriously Emotionally Disturbed (SED), and TAY/Adult/Older Adult (AOA) with Severe Mental Illness (SMI), with particular emphasis on Latino and Asian Pacific Islanders. Expansion of school based services to unfunded children and youth was a top priority. The plan submitted by the County of San Diego Health and Human Services Agency (HHSa) Behavioral Health Services, expanded outpatient and school based programs to SED uninsured/underinsured children, youth, and their families that are unfunded/underfunded and do not have Medi-Cal or private insurance.

The County of San Diego, BHS Children, Youth and Families, Services is a "System of Care" County. The System of Care is based on Child and Adolescent Service System Program (CASSP) System of Care principles and the Wraparound Initiative of the State of California (All County Information Notice 1/28/99, April 17, 1999; and SB163, Wraparound Pilot Project). System of Care values shall be demonstrated by ongoing client/parent participation and influence in the development of the Contractor's policy, program design, and practice, and evidenced by:

- Individualized services that are responsive to the diverse populations served

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**EXHIBIT A2 – STATEMENT OF WORK**

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- Cultural competence and sensitivity
- Client-focused, family-centered services
- Outcome driven services
- Collaboration of families/youth, public agencies, private organizations, physical health, and education
- Community-based approach that provides maximum linkage and integration to the local community resources
- Multi-disciplinary and strength-based approach

***Live Well San Diego Vision:*** The County of San Diego Health and Human Service Agency agreements support *Live Well San Diego*. *Live Well San Diego*, developed by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSA partners to this agreement, to the extent feasible, are expected to advance this vision, which was implemented in a phased approach. The first phase, *Building Better Health*, was adopted by the Board of Supervisors in 2010, and focuses on improving the health of residents and supporting healthy choices. The second phase, *Living Safely*, seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. The third and final phase, *Thriving*, was adopted in 2014 and focuses on promoting a region in which residents can enjoy the highest quality of life.

Information about *Live Well San Diego* can be found on the County's website and a website designated to the vision:

[http://www.sdcountry.ca.gov/hhsa/programs/sd/live\\_well\\_san\\_diego/index.html](http://www.sdcountry.ca.gov/hhsa/programs/sd/live_well_san_diego/index.html) and <http://www.LiveWellSD.org>

**3. Goals and Objectives**

- 3.1. Contractor's program shall provide culturally and developmentally appropriate clinical services described herein to accomplish the Children's System of Care outpatient outcome, process objectives and goals defined in the Organizational Provider Operations Handbook (OPOH) referenced below.  
[http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/Section\\_1\\_Budget\\_Docs/Combined%20Adult-Children%27s%20Org%20Provider%20Manual%20-%20201-1-13%20-%20Rev%2012-17-15.pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/Section_1_Budget_Docs/Combined%20Adult-Children%27s%20Org%20Provider%20Manual%20-%20201-1-13%20-%20Rev%2012-17-15.pdf)
- 3.2. Contractor shall achieve the outpatient outcome and process objectives as defined in the Organizational Provider Operations Handbook.
- 3.3. Contractor shall provide the services to accomplish the following goals:
  - 3.3.1. The stabilization of youth in order for them to return to their home, home-like (i.e. relative, foster home or foster family agency home) or small group home setting; increase school attendance and improve school performance; and improve the youth's functioning at home and in the community.
  - 3.3.2. Provide assessment and outpatient services to youth served by the Behavioral Health System.
- 3.4. Seventy-five percent (75%) of enrolled children and youth will avoid placement in a higher level of care.
- 3.5. Contractor's Clinicians shall have a minimum 50% productivity expectation.
- 3.6. Contractor's Case Managers shall have a minimum 30% productivity expectation.
- 3.7. Contractor shall implement and maintain a Program Advisory Group (PAG). The PAG will meet at least 2 times per year to advise Contractor on program design, practice, and policies. The PAG membership shall



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**EXHIBIT A2 – STATEMENT OF WORK**

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consist of at least 6 members, at least 50% of whom shall be youth and families served by the program, and shall reflect the ages and cultures of the client population. Meeting minutes and action items based on PAG input shall be reported quarterly to the COSD COR or designee.

- 3.8. Contractor shall develop relevant brochures in English and in Spanish and other San Diego County threshold languages as appropriate, describing the program, and approved by the COSD COR or designee. Program brochures shall be reviewed by the COSD COR upon update, and as needed; any brochure updates/changes shall require COSD COR or designee approval prior to utilization.
- 3.9. Contractor shall achieve the following process objectives:
  - 3.9.1. Contractor shall deliver units of service in accordance with the Exhibit C, Budget. Any change to the total number of units of service requires prior COSD approval through a contract amendment or administrative adjustment.
  - 3.9.2. Contractor shall ensure that sufficient Medi-Cal billing units are provided and billed for reimbursement, at a minimum, of the budgeted EPSDT revenue.
  - 3.9.3. Contractor shall ensure that clients have family participation in treatment and or treatment team meetings for those youth who have a parent or surrogate available. Assistance with transportation and lodging will be provided to maximize San Diego County resident parent/family member involvement in treatment.
  - 3.9.4. One hundred percent (100%) of clients shall have a transition discharge plan in place within thirty (30) days of admission and the plan shall be updated as needed.
  - 3.9.5. Contractor shall ensure availability of six (6) treatment slots per day for provision of outpatient specialty mental health services.

**4. Target Population and Geographic Area**

- 4.1. Target Population. Clients shall be eligible for full-scope Medi-Cal benefits and have been referred for residential treatment by the County of San Diego, Child Welfare Services, San Diego Probation and County of San Diego BHS. In addition, clients shall meet medical necessity requirements for specialty mental health services.
  - 4.1.1. Contractor shall comply with the Organizational Provider Operations Handbook and provide services to the target population as listed below:
    - 4.1.1.1. Medi-Cal beneficiary children and youth enrolled in residential treatment services (refer to Exhibit A, Statement of Work, paragraph 4.1), who meet Title 9 medical necessity criteria, and their families.
    - 4.1.1.2. MHSA low income uninsured/underinsured children and youth enrolled in residential treatment services (refer to Exhibit A, Statement of Work, paragraph 4.1), who are Seriously Emotionally Disturbed (SED), as defined by the California Welfare and Institutions Code section 5600.3, and their families. Under the MHSA, on a case by case basis, providers may serve SED children and youth who lose Medi-Cal eligibility upon case approval of the COSD COR or designee. All attempts shall be made to reinstate the Medi-Cal prior to consulting with the COSD COR or designee and requesting approval.
    - 4.1.1.3. Indigent children and youth enrolled in residential treatment services (refer to Exhibit A, Statement of Work, paragraph 4.1), who are Seriously Emotionally Disturbed

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**EXHIBIT A2 – STATEMENT OF WORK**

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- (SED), as defined by the California Welfare and Institutions Code section 5600.3, and their families.
- 4.1.1.4. Particular efforts shall be made to outreach to underserved Asian Pacific Islander (API) and Latino children and youth.
  - 4.1.1.5. Clients who have co-occurring behavioral health and substance abuse issues are a priority for the Children's System of Care. Any clients served in the program that have a dual diagnosis or at-risk factors shall be eligible for services through AOD Counselor.
  - 4.1.1.6. Transition Age Youth (TAY) clients reaching their 18th birthday shall be evaluated to determine if they will be best served in a COSD TAY specific program, in Adult Behavioral Health Services, or to continue with Children, Youth and Family's Behavioral Health Services within the San Diego System of Care
- 4.1.2. Exceptions to the target population shall be made on a case-by-case basis by County of San Diego Behavioral Health Services.
- 4.1.2.1. Application for exception shall be made in writing to the COSD COR and shall include the proposed client's name, date of birth, presenting problems, reason for the requested exception, and a description of what efforts have been made to connect the client with other COSD EPSDT providers as/if appropriate.
  - 4.1.2.2. A copy of the letter granting the exception by the COSD COR, shall be filed in the client's chart.
- 4.2. Geographical/Regional Service Area(s)
- 4.2.1. Contractor shall operate a Medi-Cal certified mental health clinic at:  
Phoenix House Academy of San Diego, Inc. (Lake View Terrace facility).  
11600 Eldridge Ave.,  
Lake View Terrace, CA 91342-6506  
(888) 671-9392  
Monday through Friday 8:00am-5:00pm
  - 4.2.2. Scheduled holidays shall be in accordance with the County of San Diego guidelines.
  - 4.2.3. Contractor's facility shall comply with the requirements of the Americans with Disabilities Act (ADA) and California Title 24 and be located near public transportation.
- 5. General Requirements for Service Delivery**
- 5.1. Contractor shall provide culturally appropriate outpatient behavioral health services according to the requirements outlined in the Organizational Provider Operations Handbook, including but not limited to:
  - 5.2. A full range of Title 9 diagnostic and brief treatment specialty behavioral health services including assessment, evaluation, plan development, collateral, individual/group/family therapy, rehabilitation, ICC, IHBS, crisis intervention, and case management services. Group treatment is a preferred modality particularly with adolescents.
  - 5.3. Psychiatric services, prescriptions, and medication monitoring shall be provided to clients. MHSA clients shall also be supplied with the pharmaceuticals and laboratory tests. Medi-Cal (EPSDT) clients shall receive all medication support services with the exception of the pharmaceuticals and laboratory work.

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- 5.4. Every effort shall be made to enroll uninsured clients in low cost or free medication programs available through pharmaceutical companies or obtain free samples to offset the cost of medication.
- 5.5. Each client will have an individualized service plan that identifies the type of service, the frequency and amount of the mental health services that will be provided on a weekly basis. The cost of the mental health services shall not exceed \$1,000 per week, per client based upon agreed upon contracted rates. On a monthly basis documentation shall be submitted with the County's invoice in a pre-approved format that specifies the services that are being reimbursed, the amount and other client identifying information.
- 5.6. A utilization management (UM) review will be required for all specialty mental health services that shall be limited to rehabilitation, individual and group mental health services, case management, collateral, medication management, assessment and crisis intervention services, upon admission and every 90 days thereafter. To avoid duplication, Service Authorization Request (SAR) form submitted to COR for residential treatment and recovery services will also be used for specialty mental health services. Refer to Exhibit A- Statement of Work 4.1.3.
- 5.7. Contractor shall accept referrals, as appropriate, that are made by the COSD Child Welfare Services (CWS), Probation and COSD BHS.
- 5.7.1. Referrals from the CWS Residential Services Unit ages 5-17, are children and youth enrolled in residential treatment services (refer to Exhibit A, Statement of Work, paragraph 4.1) certified for Residential Treatment care for whom San Diego County, CWS has approved and recommended specialty mental health services.
- 5.8. Contractor shall provide EPSDT specialty mental health services to full-scope Medi-Cal qualified youth who meet target population and SED criteria. The program shall be all inclusive of treatment services, including medication management, individual, group, collateral, family, crisis intervention, psychiatric and medication support services, as specified in Title 9 of the California Code of Regulations. The program shall include prompt therapeutic interventions with clients in crisis situations, provided by qualified staff.
- 5.8.1. Contractor shall provide specialty mental health services according to California Department of Health Care Services- Mental Health Information Notices 03-03 and 02-06 and the CYF OPOH, as referenced in section 3.1.
- 5.8.2. Contractor shall provide a structured specialty mental health services program to SED youth at Phoenix House to improve mental health and behavioral functioning with a goal of stabilizing them at Phoenix House in order to facilitate their transition to a home, home-like, or group home setting.
- 5.9. Contractor shall conduct a Behavioral Health Assessment in accordance with the standards of CYF that includes all components cited in the CYF Uniform Clinical Records Manual [http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/QI/UCRM\\_All\\_Sections/0%20-%20UCRM%20-%20Cover%20Section.pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/QI/UCRM_All_Sections/0%20-%20UCRM%20-%20Cover%20Section.pdf)
- 5.9.1. Contractor shall prepare a mental health assessment/screening of needs/services for all minors twelve (12) through seventeen (17) years of age at Phoenix House, that is documented according to CYF standards. Contractor shall coordinate service needs with COSD BHS.
- 5.10. Contractor shall develop and implement an individualized, strengths-based, culturally competent client and family driven Client Plan for each client. Plans shall be formulated with the client's participation, family's participation (where possible), and contain specific observable or quantifiable goals congruent with the client's diagnoses. The plan shall identify client baseline functioning, strengths, resilience, cultural norms,

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co-occurring disorders and domestic violence issues, and identify other services and supports to assist the client and family in achieving the goals identified in their plan. The Client Plan shall identify outcome goals and objectives that define success for the individual client.

- 5.10.1. Contractor shall develop and support Client Plans that address health issues to include but not be limited to obesity, diabetes, poor diet, inactivity, and asthma. Health problems shall be included as part of the Client Plan that develops solutions to identified issues. When there are specific concerns regarding substance use/abuse and medical health issues (e.g. obesity or diabetes), contractor shall identify goals and address the issues.
- 5.10.2. Contractor shall connect clients to a “medical home” for 100% of those clients who do not already have a primary health provider. Contractor shall document information about the medical home and on-going efforts to communicate with the primary care physician in the medical record.
- 5.11. Contractor shall assist all youth/families in developing a “Wellness Notebook” which is a tool that is used to organize information about a child/youth’s health condition and care. The Wellness Notebook is particularly important for clients with chronic health issues including but not limited to diabetes, asthma, and obesity. Contractor shall also assist Transition Age Youth (TAY) clients in developing their own “Wellness Notebook” so they can learn to organize their health information and needs.
  - 5.11.1. Wellness Notebook  
<http://cshcn.org/planning-record-keeping/care-notebook>
  - 5.11.2. Care Plan for Teens  
<http://cshcn.org/planning-record-keeping/care-plans-teens>
- 5.12. Contractor’s service design shall adhere to the COSD short term model of brief treatment. Contractor shall inform service recipients of short term modality upon admission to the program.
- 5.13. To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health (OMH) Culturally and Linguistically-Appropriate Service (CLAS) national standards. The National CLAS standards are located at: <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- 5.14. Contractor shall ask any client if the client or any minor(s) for whom they are responsible have health insurance coverage. If the response is “no” for client or minor(s), the Contractor shall refer the client to Covered California at <https://www.coveredca.com/> or to call 1(800)-300-1506.
- 5.15. Contractor’s program and services shall be “trauma-informed” and accommodate the vulnerabilities of trauma survivors. All services shall be delivered in a way that will avoid inadvertently re-traumatizing clients and facilitate client participation in treatment. Contractor’s trauma-informed program and services shall include: 100% Screening of trauma; Consumer Driven Care and Services; Trauma-Informed, Educated and Responsive Workforce; Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices; Safe and Secure Environments; Community Outreach and Partnership Building; and, Ongoing Performance Improvement and Evaluation. All clients shall use current screening and assessment tools that include questions regarding trauma upon admission.
- 5.16. Contractor’s services shall be planned and delivered in accordance with the COSD Behavioral Health Services (BHS) System of Care philosophy and principles. To the maximum extent possible, services shall be community-based, and shall emphasize the strengths of the client and family.
- 5.17. Contractor shall demonstrate consideration of relevant gender-specific issues in the assessment process,

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- treatment planning and implementation. Consideration shall be demonstrated by identification of relevant gender-specific issues with appropriate and relevant assessment and treatment documentation.
- 5.18. Assessment, case management, treatment planning, delivery, and referral for adjunct services shall be provided with demonstrated consideration of educational/school issues including school functioning and potential learning deficiencies or disabilities. Consideration shall be demonstrated by identification of relevant education-related issues with appropriate and relevant assessment and treatment documentation.
- 5.19. Assessment documentation shall include screening for co-occurring disorders and for domestic violence.
- 5.20. Contractor shall demonstrate family partnership in the development and provision of service delivery, in accordance with COSD BHS policy, including full participation of family members/caregivers in treatment. Such efforts shall be reflected in the client's chart. Contractor shall also demonstrate organizational advancement of family partnership in the areas of program design, development, and policies and procedures. Such efforts shall be reported on the Monthly Status Reports.
- 5.21. Contractor shall ensure, wherever possible, continuity of care by minimizing changes to the individual provider assigned to work with the client. When a change of individual provider is necessary, Contractor shall follow the guidelines included in the OPOH to ensure a smooth transition of care.
- 5.22. Contractor shall demonstrate interagency coordination of services for the program including coordination with COSD: Child Welfare Services (CWS), BHS, Probation, and Juvenile Court.
- 5.22.1. Contractor shall arrange meetings, as needed, with the assigned COSD: CWS Social Worker, Probation Officer, Case Manager, or family to discuss and identify needed housing and employment resources.
- 5.23. Contractor shall operate the program in accordance with the Comprehensive, Continuous, Integrated System of Care (CCISC) principles and practices, and the Charter and Consensus Document – Co-occurring Psychiatric and Substance Abuse Disorders that will be evident in client medical records and discharge plans. Contractor shall meet dual diagnosis capability criteria for integrated services to youth with a co-occurring mental health and substance abuse disorder.
- 5.24. Contractor shall adhere to youth transition planning, if appropriate, in accordance with COSD BHS policy. Contractor shall assess all clients for risk factors and promptly develop a Safety Plan when clinically indicated.
- 5.25. Contractor shall have a written defined mechanism for crisis response to clients and caregivers after hours. and Contractor shall provide 24 hour/7 day a week coverage directly through the program
- 5.26. Contractor shall support the development of increased social connectivity by clients and families.
- 5.27. Contractor shall identify a single staff person who is responsible for the client and family.
- 5.28. Contractor shall maintain regular contact with the client's Probation Officer and/or CWS Social Worker, when applicable, and provide updates on services; adhering to the Core Practice Model under the Katie A. Settlement Agreement.
- 5.29. Contractor shall adhere to the Katie A. Settlement Agreement to provide family-centered services with emphasis on permanency, safety and well-being to children/youth and their families that are also involved in the Child Welfare Services system. Contractor shall implement the philosophy and elements of Pathways to Well-being as outlined in the CORE Practice Model Guide developed by the State.

<http://www.dhcs.ca.gov/Documents/KACorePracticeModelGuideFINAL3-1-13.pdf>

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**EXHIBIT A2 – STATEMENT OF WORK**

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- 5.30. Contractor shall collaborate and provide linkages to all needed services as defined in the Client Plan, including but not limited to primary health care providers, CWS Social Workers, schools, family support services and alcohol and drug programs.
- 5.31. Contractor shall perform linkages and referrals to community-based organizations including, but not limited to, primary care clinics and complementary healing centers and faith-based congregations, ethnic organizations and peer-directed program such as Clubhouses in San Diego County.
- 5.32. Contractor shall establish agreements with faith-based congregations, as necessary, to education, linkage and/or services and make available to clients.
  - 5.32.1. All clients requesting to be linked to any faith-based congregation shall be connected to the client's organization of choice.
  - 5.32.2. Referrals and linkage made to the faith congregation shall be documented in the client record
- 5.33. Contractor shall establish collaborative relationships, linkages and referrals to providers of other services including but not limited to the following:
  - 5.33.1. Families of children without healthcare coverage to Covered California at <https://www.coveredca.com/>.
  - 5.33.2. Families with an existing healthcare plan to their healthcare provider.
  - 5.33.3. Families in need of intensive alcohol or substance abuse treatment to the Access and Crisis Line (1-888-724-7240)
  - 5.33.4. Families in need of food and shelter to homeless programs, food banks, and other community services established to assist families with basic needs.
  - 5.33.5. Families with domestic violence issues to the San Diego County Domestic Violence website: [http://www.sandiegocounty.gov/hhsa/programs/phs/office\\_violence\\_prevention/domestic\\_violence.html](http://www.sandiegocounty.gov/hhsa/programs/phs/office_violence_prevention/domestic_violence.html) or the National Domestic Violence Hotline (1-800-799-7233)
  - 5.33.6. School services
  - 5.33.7. Veteran services to families, when appropriate
- 5.34. Contractors discharge planning shall begin upon admission to the program. When client success has been determined or the client is no longer benefiting from services, contractor shall develop and implement the discharge plan.

**6. Staffing and Training Requirements**

- 6.1. Contractor's program shall adhere to staff and training requirements as described in the OPOH, and shall obtain approval from the COSD COR or designee for any exceptions.
- 6.2. Contractor shall be responsible for ensuring that staff meet the requirements of Federal, State, and County of San Diego regulations related to licensure, training, and staff qualifications for providing services. Contractor shall obtain approval from the COSD COR or designee for any exceptions. Contractor shall maintain documentation of staff qualifications and authorized exceptions at the program site.
- 6.3. Contractor's Program Manager/clinical lead shall be a California licensed mental health professional with a minimum of three (3) years, full-time direct clinical experience post Master's degree working with children and adolescents. Any exceptions to this requirement shall have prior approval by the COSD COR or designee.

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**EXHIBIT A2 – STATEMENT OF WORK**

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- 6.4. Contractor's Program Manager/clinical lead shall be available during regular business hours and respond to emails, telephone calls, and other correspondence from the COSD COR or designee within two (2) business days. Contractor's Program Manager/clinical lead shall notify the COSD COR or designee if he/she will be absent from the program for more than two (2) business days and provide an alternate contact for program coverage. Contractor's employees, consultants and volunteers, who work on this contract and work directly with minors, shall have clearances to work with minors completed by the Contractor prior to employment and annually thereafter as defined in the OPOH.
- 6.5. Contractor shall not allow transporting clients by any person convicted of any serious traffic violation, including, but not limited to, violations listed below:
  - 6.5.1. Any combination of Driving Under the Influence or Failure to Appear which totals more than two in the past five years;
  - 6.5.2. At fault Hit and Run accident in the past five years;
  - 6.5.3. At fault accidents which total more than three in the past five years;
  - 6.5.4. Reckless Driving offenses, which total more than two in the past five years
- 6.6. Contractor shall require clinical staff to meet their licensing Continuing Education Units (CEU's). Paraprofessional staff shall attend a minimum of sixteen (16) hours of clinical training per fiscal year. In addition, all staff are required to a minimum of four (4) hours of cultural competency training that interfaces with clients/caregivers
- 6.7. Contractor shall be responsible for keeping a staff training log on file of staff that attend trainings including the subject, date, hours, and location of the courses at the program site.
- 6.8. Contractor shall require all staff to complete the System of Care Training within six (6) months of hire through the County of San Diego.  
<http://theacademy.sdsu.edu/elearning/academy-iphone-app/BHETA.html>
- 6.9. Contractor shall implement and maintain a Human Resource (HR) Plan that outlines how Contractor shall recruit, hire and retain staff that will be effective with the target population, including, though not limited to, staff that are linguistically and ethnically diverse
  - 6.9.1. Contractor shall identify a process to determine bilingual proficiency of staff prior to hiring. Contractor shall hire bilingual and bicultural staff that reflects the culture, ethnicity and language of the client population. The HR plan shall be available upon request by the COSD COR or designee.
- 6.10. Contractor shall provide COSD COR an organizational chart identifying key personnel and reporting relationship within 72 hours of any changes to organizational structure. Contractor shall notify COSD COR or designee prior to personnel changes in Program Manager/clinical lead Position. Resume of candidate for replacement shall be submitted to COSD COR or designee for review and comment, and a written plan for program coverage and personnel transition shall be submitted at least 72 hours prior to change.
- 6.11. Contractor shall develop and maintain Cultural Competency Plan.
  - 6.11.1. Contractor shall complete the Culturally Competent Program Annual Self-Evaluation (CC-PAS) and the California Brief Multi-Cultural Competency Scale (CBMCS) as tools to determine the levels of cultural competency as a provided and staff, respectively, as described in the OPOH.

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- 6.12. Contractor is prohibited from subcontracting with a "legal entity" as defined in the California State Medicaid Plan for Medi-Cal services. The California State Medicaid plan defines legal entity as each county behavioral health department or agency and each of the corporations, partnerships, agencies, or individual practitioners providing public behavioral health services under contract with the county behavioral health department or agency. The prohibition on subcontracting does not apply to providers and their relationships with vendors such as nursing registries, equipment, part-time labor, physicians, etc. Such providers do not meet the legal entity definition cited above. The legal entity concept prohibits a county from contracting with a legal entity to provide Medi-Cal services that in turn contracts with another legal entity to provide Medi-Cal services.

**7. Specific Requirements to Service Delivery**

- 7.1. Contractor's program shall maintain access to care standards as defined in the Organizational Provider Operations Handbook.
- 7.2. Contractor shall seek to maximize revenue recovery of Federal Financial Participation (FFP) Medi-Cal.
- 7.3. Contractor shall deliver units of service in accordance with the approved budget, not to exceed the weekly \$1,000 threshold per client.
- 7.4. Invoices are due no later than 30 days after end of invoice month unless other due dates are required by specific funding sources.
- 7.5. Contractor's program shall support the San Diego County Live Well San Diego vision by emphasizing healthy lifestyles focusing on safety and helping children and youth thrive. (See Paragraph 2).
- 7.6. Contractor's staff shall meet or exceed the minimum outpatient program productivity standard for annual billable time per full time equivalent (FTE) as defined in the Organizational Provider Operations Handbook.
- 7.7. Contractor's services shall be culturally appropriate and offered in the client's/family's preferred language. When this is not possible, Contractor shall arrange for appropriate interpretation of services.
- 7.8. Contractor shall meet or exceed the family/caregiver participation rate requirement as defined in the Organizational Provider Operations Handbook where family or surrogate family is available.
- 7.9. Contractor shall comply with the CYF Quality Improvement Program, as described in the OPOH.
- 7.10. Contractor shall maintain records of clients and service data in the County Management Information System (MIS). Contractor shall maintain daily records of services provided and shall ensure complete, accurate, and timely entry of valid and reliable data into the County's EHR Management Information System (MIS) in accordance with Federal and State regulations as described in the Mental Health Services Organizational Provider Financial Eligibility and Billing Procedures Manual. The records shall be input into the County designated Electronic Health Record (EHR) system within five (5) business days.
- 7.11. Contractor's client records and billable services shall be subject for review by the County as defined in the Organizational Provider Operations Handbook. MHSA services that are not billed to Medi-Cal shall not be subject to disallowance.
- 7.11.1. The progress notes shall include date of service, type of service, duration in minutes, how services relate to the Client Plan and goals for the child/youth, where the services occurred, who was present, and a brief description of the services provided.
- 7.12. Contractor shall verify Medi-Cal eligibility and other health coverage (OHC) status each time a client



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**EXHIBIT A2 – STATEMENT OF WORK**

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- receives a billable service. Contractor shall ensure that all data is COSD COR correct and complete and procedures are followed to prevent billing from becoming suspended or denied from issues such as but not limited to UMDAP, Share of Cost (SOC), Assignment of Benefits (AOB), insurance denials, and Day Treatment ancillary authorization. Contractor shall review suspense and denial reports frequently and resolve the errors timely per the Mental Health Services Organizational Provider Financial Eligibility and Billing Procedures Manual.
- 7.13. Contractor shall check all active clients Medi-Cal eligibility frequently, at the beginning of every month, at a minimum, using real-time online State Medi-Cal system (or similar equivalent) to verify Medi-Cal status and to determine if the system shows that client has private insurance. For Medi-Cal clients who have or are shown in the Medi-Cal system as having private insurance, Contractor shall follow the procedures in the Organizational Provider Operations Handbook and the Mental Health Organizational Provider Financial Eligibility and Billing Manual, including obtaining a denial from the insurance company, and inputting relevant information into EHR.
- 7.14. Contractor's staff shall report Special Incident Reports (SIR) and Unusual Occurrences (UO) as defined in the OPOH.
- 7.15. Contractor shall comply with San Diego County Mental Health Plan (MHP) research requirements that require any research projects involving behavioral health service recipients must be reviewed by the MHP's Research Committee as well as the organization's Internal Review Board (IRB), if any. Approval shall be obtained prior to implementation of the project.
- 7.16. Contractor shall demonstrate evidence of assessment and treatment planning in transition related issues as outlined in the Mental Health Youth Transition Service Plan, for all clients in transition, as measured by completion of the Youth Transition Assessment and Individual Client Plan.
- 7.17. Contractor shall be welcoming to individuals with co-occurring disorders (COD) as defined by the Organizational Provider Operations Handbook. Co-morbidity is an expectation, not an exception.
- 7.18. Contractor shall comply with the Drug Formulary for Mental Health Services included in the OPOH.
- 7.19. Contractor shall comply with program monitoring, including site visits, to determine if the program is compliant with contract and funding source requirements. Program visit(s) shall be conducted by the COSD COR or designee.
- 7.20. Contractor shall have the technological capability to communicate, interface and comply with all County requirements electronically using compatible systems, hardware and software.
- 7.21. Contractor shall ensure that all public announcements and materials distributed to the community shall identify that the services are supported under contract with the COSD. HHSA logo and Live Well San Diego shall be included in written materials per COSD HHSA guidelines. Contractor shall provide copies of publicity materials related to the contracted services to the COSD COR or designee for approval prior to distribution.
- 7.22. COSD COR or designee shall be notified at least twenty-four (24) hours in advance of Contractor generated press releases and media events regarding contracted services.
- 7.23. Contractor shall comply with Federal, State and COSD requirements regarding client rights, including grievances and appeals, as described in the OPOH.
- 7.24. Contractor and its agents and employees are subject to and shall comply with the Child Abuse Reporting Law (California Penal Code section 11164) and Adult Abuse Reporting Law (California Welfare and

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**EXHIBIT A2 – STATEMENT OF WORK**

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Institutions Code section 15630).

- 7.25. Contractor shall have active agreements for all subcontractors/consultants. Subcontract/consultant agreements shall be sent to the COSD COR or designee upon execution and renewal. Subcontract/consultant agreement content shall adhere to County policy and reference the current Contract Agreement.
- 7.26. False Claims Act. All Health and Human Services Agency (HHSA) employees, contractors and subcontractors are required to report any suspected inappropriate activity. Suspected inappropriate activities include but are not limited to acts, omissions, or procedures that may be in violation of health care laws, regulations, or HHSA procedures. Any indication that any of these activities is occurring should be reported immediately to the compliance office: HHSA Compliance Officer, (619) 515-4246, [Compliance.HHSA@sdcountry.ca.gov](mailto:Compliance.HHSA@sdcountry.ca.gov).
- 7.27. At all times during the term of this contract, Contractor shall maintain and operate a compliance program that meets the minimum requirements for program integrity as set forth in 42 CFR 438.608 (Code of Federal Regulations), and as further described in the COSD OPOH. Failure to establish and maintain a compliance program as required by this clause shall be considered a material breach of contract. Contractor shall comply with applicable CYF Compliance and Confidentiality requirements as described in the OPOH.
- 7.28. Contractor shall act in accordance with good judgment, ethical standards, and State and Federal law to ensure that all written and verbal communication regarding any individual's information is kept strictly confidential. Contractor shall have policies, procedures, and systems in place to protect the confidentiality and security of information and individual rights to privacy. Requirements include safeguards to prevent intentional or accidental misuse of individual's information and sanctions for employee and violations of those requirements.
- 7.28.1. Contractor shall provide COSD BHS with a roster of key administrative personnel's after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be held confidential and never distributed to other than authorized personnel.
- 7.29. Therapeutic Behavioral Services (TBS) shall be provided to County of San Diego resident referrals to address additional Mental Health needs. The cost for TBS services shall be included within the weekly maximum per client. TBS services shall be COSD COR approved prior to TBS enrollment.
- 7.30. Transportation. Contractor shall offer transportation for COSD COR approved COSD resident referrals (including families/support persons) to and from the Lake View Terrace facility.

**8. Data Collection And Reporting Requirements**

- 8.1. Contractor shall collect and report data in compliance with the Organizational Provider Operations Handbook including, but not limited to, the following:
- 8.1.1. All County of San Diego, State, and Federal reporting requirements
- 8.1.2. California Department of Health Care Services MHSA Reporting Requirements.
- 8.1.3. Contractor shall ask any client if the client or any minor(s) for whom they are responsible have health insurance coverage. If the response is "no" for client or minor(s) the Contractor shall refer the client to Covered California at <https://www.coveredca.com/> or to 1-800-300-1506. Contractor shall track data and make available upon request.

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**EXHIBIT A2 – STATEMENT OF WORK**

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- 8.1.4. Monthly Status Report (MSR) and/or Quarterly Status Report (QSR) as designated by the COR
- 8.1.5. Program report on outcome measures
- 8.1.6. State and County Youth and Family Satisfaction Surveys (YSS)
- 8.1.7. Cultural Competency Report on Staffing & Training
- 8.1.8. Cultural Competency Plan which includes Training Framework
- 8.1.9. Culturally Competent Program Annual Self Evaluation (CC-PAS)
- 8.1.10. California Brief Multi-Cultural Competency Scale (CBMCS)
- 8.1.11. Serious Incidents Reports (SIR) and Unusual Occurrence (UO) reporting
- 8.1.12. CCISC Annual Report
- 8.1.13. Ad hoc reporting as requested
- 8.1.14. Monthly Katie A. Subclass program tracking

**9. Requirement Resources**

- 9.1. Contractor shall comply with the following resources which can be referenced at the Technical Resource Library (TRL):  
[http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical\\_resource\\_library.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html)
- 9.1.1. Organizational Provider Operations Handbook
- 9.1.2. Mental Health Services Organizational Provider Financial Eligibility and Billing Manual
- 9.1.3. California Code of Regulations Title 9
- 9.1.4. California Department of Health Care Services Katie A. Core Practice Model Guide.  
<http://www.dhcs.ca.gov/Documents/KACorePracticeModelGuideFINAL3-1-13.pdf>
- 9.1.5. California Department of Health Care Services Medi-Cal Specialty Mental Health Services Site Review
- 9.1.6. California Department of Health Care Services Medi-Cal Managed Care Contract
- 9.1.7. Medicare regulations and billing requirements
- 9.1.8. California Department of Health Care Services MHSA Reporting Requirements
- 9.1.9. California Penal Code and Welfare and Institutions Code
- 9.1.10. California Welfare & Institutions Code 5600.3\* (definition of SED)
- 9.1.11. San Diego County BHS Children, Youth and Families (CYF) Uniform Clinical Records Manual
- 9.1.12. San Diego County Mental Health Youth Transition Services Plan
- 9.1.13. San Diego County Transition Age Youth Status Report and Recommendations
- 9.1.14. San Diego County BHS Children's System of Care Principles & Philosophy:  
[http://www.sandiegocounty.gov/hhsa/programs/bhs/mental\\_health\\_services\\_children/](http://www.sandiegocounty.gov/hhsa/programs/bhs/mental_health_services_children/)
- 9.1.15. San Diego County HHSA Dual Diagnosis Strategic Plan

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**EXHIBIT A2 – STATEMENT OF WORK**

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- 9.1.16. San Diego County Mental Health Cultural Competence Plan
  - 9.1.17. Cultural Competency Plan which includes Training Framework
  - 9.1.18. Culturally Competent Program Annual Self Evaluation (CC-PAS)
  - 9.1.19. California Brief Multi-Cultural Competency Scale (CBMCS)
  - 9.1.20. Live Well San Diego Vision
- [http://www.sdcounty.ca.gov/hhsa/programs/sd/live\\_well\\_san\\_diego/index.html](http://www.sdcounty.ca.gov/hhsa/programs/sd/live_well_san_diego/index.html)
- <http://www.LiveWellSD.org>

**// END OF EXHIBIT A2 – STATEMENT OF WORK**

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**EXHIBIT C – FIXED PRICE, FEE-FOR-SERVICE-PROVISIONAL RATE PAYMENT**  
**SCHEDULES, BUDGET & FISCAL INSTRUCTIONS**

1. The following **Fixed Price Payment Schedule** is for **two (2)** occupied County of San Diego (COSD), Behavioral Health Services (BHS), Children, Youth and Families (CYF) **Community Bed Days**.

1.1. Effective October 1, 2015 through June 30, 2016:

Exhibit A Statement of Work Paragraph Reference	Pay Point Description (2 Occupied Beds)	Daily Rate Per Occupied Community Bed Day  Beginning October 1, 2015 through June 30, 2016 Shall Not Exceed	Maximum Occupied Bed Day Reimbursement  Beginning October 1, 2015 through June 30, 2016 Shall Not Exceed
3.4	Occupied Community Bed Day for an eligible County of San Diego, BHS-CYF Client	\$280.40	\$153,659.20

1.2. Effective July 1, 2016 through June 30, 2018:

Exhibit A Statement of Work Paragraph Reference	Pay Point Description (2 Occupied Beds)	Daily Rate Per Occupied Community Bed Day  Beginning July 1, 2016 through June 30, 2018 Shall Not Exceed	Annual Maximum Occupied Bed Day Reimbursement  Beginning July 1, 2016 through June 30, 2018 Shall Not Exceed
3.4	Occupied Community Bed Day for an eligible County of San Diego, BHS-CYF Client	\$280.40	\$204,692.00

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**SCHEDULES, BUDGET & FISCAL INSTRUCTIONS**

2. The following **Fee-for Service/Provisional Rate Payment Schedule** is for **Specialty Mental Health Outpatient Services** for eligible County of San Diego, Behavioral Health Services, Probation or Child Welfare Services clients:

2.1. Effective October 1, 2015 through June 30, 2016:

Exhibit A2 Statement of Work Paragraph Reference	Pay Point Description	Weekly Cost for Each Service Per Client	Maximum Specialty Mental Health Outpatient Services Weekly Reimbursement Rate Per Client  Beginning October 1, 2015 through June 30, 2016 Shall Not Exceed	Maximum Specialty Mental Health Outpatient Services Reimbursement  Beginning October 1, 2015 through June 30, 2016 Shall Not Exceed
3.8.6	Individual Therapy (MHS Service)	\$97.30	Up to \$1,000.00	\$234,857.14
	Family Therapy (MHS Service)	\$97.30		
	Individual Rehab (MHS Service)	\$97.30		
	Group Rehab (MHS Service)	\$166.80		
	Case Management	\$193.50		
	Med Support	\$51.40		
	MHS Other*	\$55.60		
	Crisis Management	\$7.91		
	TBS	\$41.70		
7.3	Transportation	\$191.19		

\* Includes Assessment, Plan Development, etc.

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**SCHEDULES, BUDGET & FISCAL INSTRUCTIONS**

2.2. Effective July 1, 2016 through June 30, 2018:

Exhibit A2 Statement of Work Paragraph Reference	Pay Point Description	Weekly Cost for Each Service Per Client	Maximum Specialty Mental Health Outpatient Services Weekly Reimbursement Rate Per Client  Beginning July 1, 2016 through June 30, 2018 Shall Not Exceed	Annual Maximum Specialty Mental Health Outpatient Services Reimbursement  Beginning July 1, 2016 through June 30, 2018 Shall Not Exceed
3.8.6	Individual Therapy (MHS Service)	\$97.30	Up to \$1,000.00	\$312,857.14
	Family Therapy (MHS Service)	\$97.30		
	Individual Rehab (MHS Service)	\$97.30		
	Group Rehab (MHS Service)	\$166.80		
	Case Management	\$193.50		
	Med Support	\$51.40		
	MHS Other*	\$55.60		
	Crisis Management	\$7.91		
	TBS	\$41.70		
7.3	Transportation	\$191.19		

\*Includes Assessment, Plan Development, etc.

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SCHEDULES, BUDGET & FISCAL INSTRUCTIONS**

- 2.3. The COSD will pay the Contractor the amount which will not exceed the County Maximum Occupied Bed Day and Specialty Mental Health Outpatient Services Reimbursements as specified on Sections 1.1 to 2.2, or the actual cost of the provided services. Contractor shall make available to the COSD, 6 Mental Health Outpatient Services treatment placements each fiscal year beginning October 1, 2015. Contractor's services shall not exceed \$1,000 per week per client unless prior authorization has been obtained from the COSD COR. There shall be no advance payments associated with this contract.
- 2.4. The Contractor shall invoice the COSD on or before the 10<sup>th</sup> of the month following the service month, unless changed by the COSD COR via an email. Each invoice shall be accompanied by documentation that contains a breakdown of the costs incurred for each client that is related to the invoiced month with the applicable Short/Doyle Medi-Cal Codes, including Medication Support.